



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**  
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## February 29, 2008

### Public Health & Emergency Preparedness Bulletin: # 2008:08

### Reporting for the week ending 02/23/08 (MMWR Week #08)

#### CURRENT HOMELAND SECURITY THREAT LEVELS

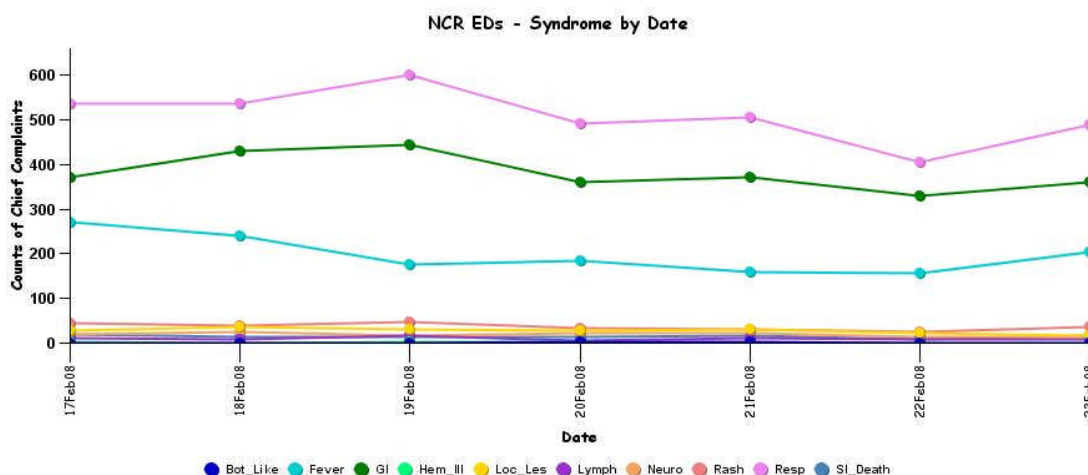
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

#### SYNDROMIC SURVEILLANCE REPORTS

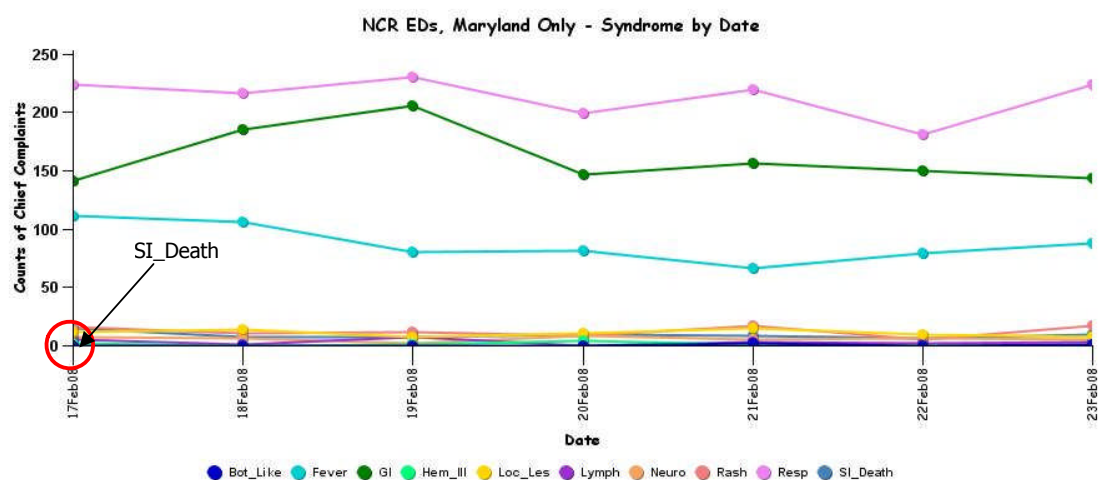
##### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

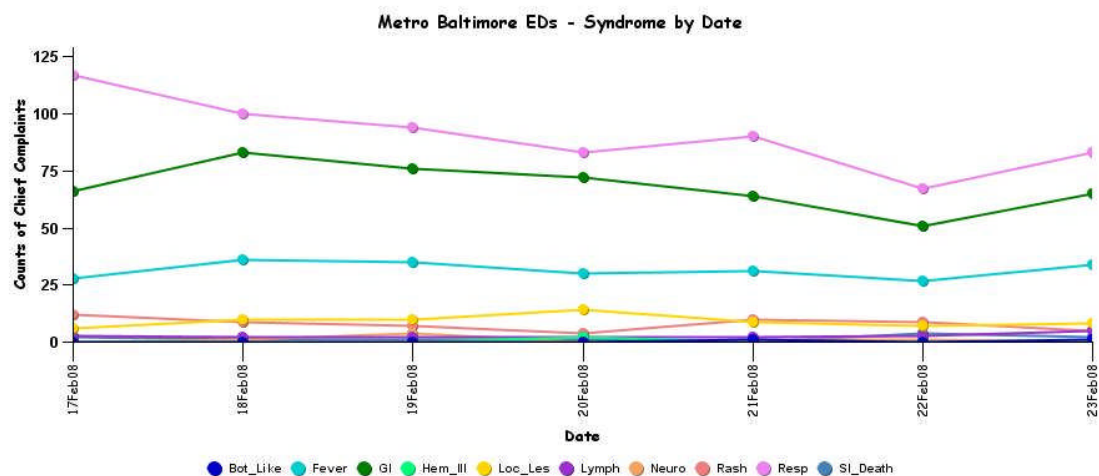
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



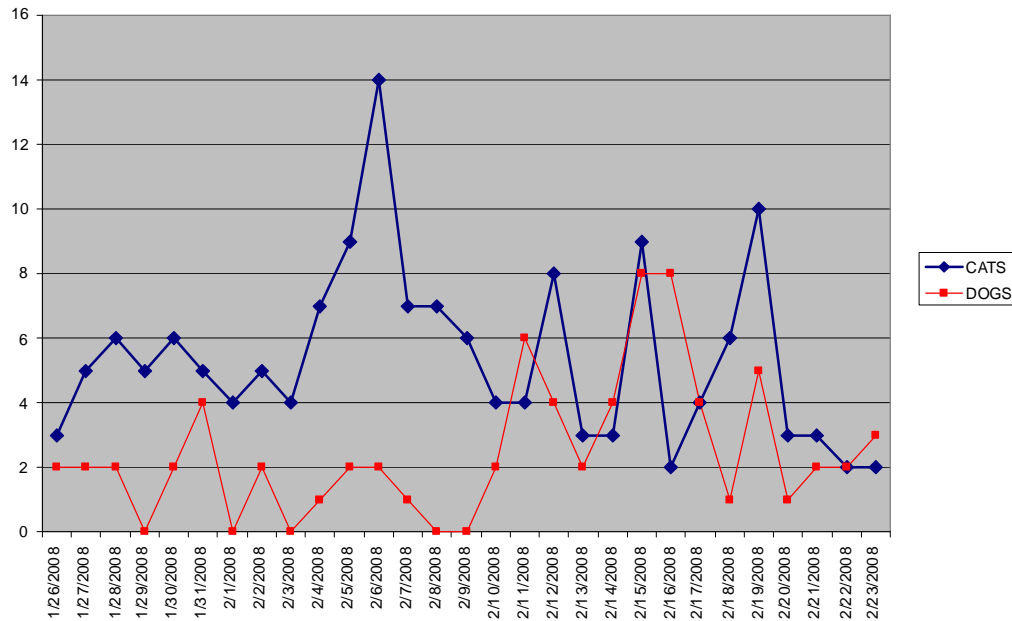
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

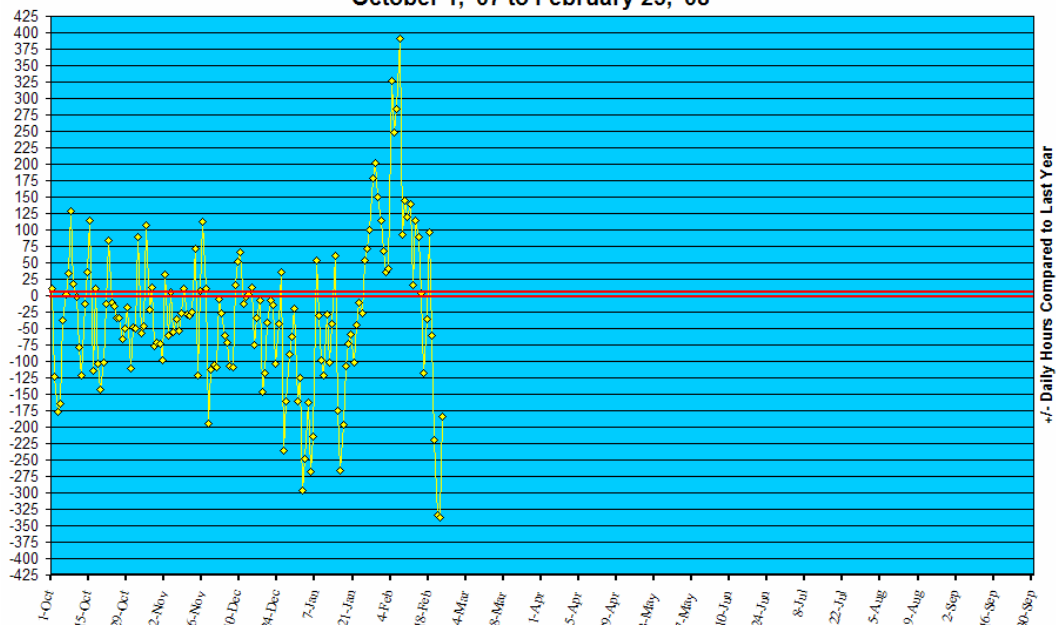
**Dead Animal Pick-Up Calls to 311**



## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to February 23, '08**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Feb 17 – 23, 2008):	14	1
Prior week (Feb 10 – 16, 2008):	11	1
Week#08, 2007 (Feb 18 – 24, 2007):	8	2

**OUTBREAKS: 23 outbreaks were reported to DHMH during MMWR Week 8 (Feb. 17-Feb. 23, 2008):**

#### **6 Gastroenteritis outbreaks**

5 outbreaks of GASTROENTERITIS associated with Nursing Homes  
1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

#### **2 Foodborne Gastroenteritis outbreaks**

2 outbreaks of FOODBORNE GASTROENTERITIS associated with Restaurants

#### **12 Respiratory illness outbreaks**

11 outbreaks of RESPIRATORY ILLNESS associated with Nursing Homes  
1 outbreak of RESPIRATORY ILLNESS associated with an Assisted Living Facility

#### **2 Rash Illness outbreaks**

1 outbreak of RASH ILLNESS associated with a Jail  
1 outbreak of RASH ILLNESS associated with an Assisted Living Facility

#### **1 other outbreak**

1 OTHER outbreak associated with a School

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. To date this season, there have been 2399 lab confirmed influenza cases in Maryland. Maryland's influenza activity level for this week is WIDESPREAD.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmmh.state.md.us/flu.htm>

**WHO update:** As of February 22, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 366, of which 232 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA (China):** 20 Feb 2008, China has reported a bird flu outbreak in poultry in Tibet, the second in the Himalayan region in 2 weeks. The outbreak, which started on Feb 6 in a village outside the regional capital Lhasa, has killed 132 poultry and led to the culling of 7698 birds, the Agriculture Ministry said. The National Avian Influenza Reference Laboratory confirmed on Feb 17 that the virus the birds contracted was a subtype of the H5N1 strain, the ministry said in a statement posted on its website on Feb 18. Authorities have taken emergency measures to bring the epidemic under "effective control," it said. An outbreak of the H5N1 strain in Tibet's Gongga County on Jan 25 killed 1000 chickens and ducks. More than 13,000 birds were culled at the time. China has reported 3 outbreaks of the disease in poultry since December 2007, when average temperatures across the country hit their lowest in 21 years. Officials have not linked the flare-up to the unusually cold winter weather and snow storms in large areas of the country. The bird flu virus tends to be more active in low temperatures. With the world's largest poultry population and hundreds of millions of farmers raising birds in their backyards, China is seen as crucial in the global fight against bird flu.

**AVIAN INFLUENZA, HUMAN (China):** 21 Feb 2008, The Ministry of Health in China has reported a new case of human infection with the H5N1 avian influenza virus. The case is a 22-year-old male from Jianghua County, Yongzhou Prefecture, Hunan Province. He developed symptoms on Jan 16, was hospitalized on Jan 23 and died on Jan 24. The case was confirmed by the national laboratory on Feb 17. Investigations into the source of his infection are ongoing. Of the 28 cases confirmed to date in China, 18 have been fatal.

**AVIAN INFLUENZA, HUMAN (China):** 21 Feb 2008, H5N1 bird flu claimed its second human fatality in China this month, when the Ministry of Health confirmed the death of a Guangxi Zhuang Autonomous Region man on Feb 21. The 41-year-old man in Nanning City developed fever and headache symptoms on Feb 12 and died on Feb 20, after all rescue measures proved ineffectual. Tests of the man were H5N1-positive, said China's Center for Disease Control and Prevention.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 21 Feb 2008, The Ministry of Health of Indonesia has announced 2 new cases of human H5N1 avian influenza infection. The first is a 16-year-old male from Sragen district, Central Java Province who developed symptoms on Feb 3, was hospitalized on Feb 7 and died on Feb 10. Prior to his illness, the case was exposed to sick and dead poultry at his home, where he slaughtered a sick chicken. The second case is a 3-year-old boy from South Jakarta District, Jakarta Province who developed symptoms on Feb 3, was hospitalized on Feb 10 and died on Feb 15. The investigation team found that chickens and a pet bird had died in the neighborhood in the 2 weeks prior to the case's onset of symptoms. Of the 129 cases confirmed to date in Indonesia, 105 have been fatal.

**AVIAN INFLUENZA, HUMAN (Viet Nam):** 21 Feb 2008, The Ministry of Health in Viet Nam has confirmed a new case of human infection of H5N1 avian influenza. The case has been confirmed by the National Institute of Hygiene and Epidemiology (NIHE). The case is a 27-year-old male from Ninh Nhat district, Ninh Binh province. He developed symptoms on Feb 3 was hospitalized on Feb 12 and died on Feb 14. The case had contact with sick and dead poultry prior to his illness. Of the 104 cases confirmed to date in Viet Nam, 50 have been fatal.

## **NATIONAL DISEASE REPORTS:**

**SALMONELLOSIS, SEROTYPE PARATYPHI B, RAW TUNA (Hawaii):** 18 Feb 2008, More reports of salmonella poisoning, after people ate previously frozen 'ahi bought from local grocery stores, prompt the Hawaii State Health Department and US Food and Drug Administration (FDA) to launch an investigation to trace the origin of the infected fish. Health officials traced 11 cases of salmonella poisoning to Choyce Products of Honolulu, Hawaii, who voluntarily recalled close to 55-hundred pounds of yellow fin 'ahi on Feb 9. The frozen product was distributed on Oahu and most likely reached consumers in the form of a mixed, previously frozen, seafood product through its customers. Choyce Products received the tuna from a mainland importer who confirmed the tuna was sent from Indonesia. Choyce Products unknowingly sold the tuna to its customers before learning of the possible contamination. Choyce Products will destroy all returned and inventoried recalled product. Health experts say this specific type of salmonella is extremely rare in the US

and most commonly found in Southeast Asia. "Most likely indicates a lack of good manufacturing practices and sanitation... you can have all the rules and regulations in place but you need to have the practice," Pacific Management Resources Dr John Kaneko said. Choyce Products says they "unknowingly received the tainted 'ahi, immediately recalled it and stopped purchases from this specific supplier indefinitely." Choyce continues to say "the suppliers we buy from test in the government certified labs before shipment." Health officials say to use caution when buying raw fish, make sure to purchase the fish from a guaranteed fresh market. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**BEEF RECALL, FOOD SAFETY QUESTIONS (California):** 18 Feb 2008, The US Department of Agriculture (USDA) on Feb 17 ordered the recall of 143 million pounds of frozen beef from a California slaughterhouse, the subject of an animal-abuse investigation, that provided meat to school lunch programs. Officials said it was the largest beef recall in the United States, surpassing a 1999 ban of 35 million pounds of ready-to-eat meats. No illnesses have been linked to the newly recalled meat, and officials said the health threat was likely small. The recall will affect beef products dating to Feb 1, 2006 that came from Chino-based Westland/Hallmark Meat Co., the federal agency said. Secretary of Agriculture Ed Schafer said his department has evidence that Westland did not routinely contact its veterinarian when cattle became non-ambulatory after passing inspection, violating health regulations. "Because the cattle did not receive complete and proper inspection, Food Safety and Inspection Service (FSIS) has determined them to be unfit for human food and the company is conducting a recall," Schafer said in a statement. Federal officials suspended operations at Westland/Hallmark after an undercover Humane Society video surfaced showing crippled and sick animals being shoved with forklifts. No charges have been filed against Westland, but an investigation by federal authorities continues. Officials estimate that about 37 million pounds of the recalled beef went to school programs, but they believe most of the meat probably has already been eaten. "We don't know how much product is out there right now. We don't think there is a health hazard, but we do have to take this action," said Dr. Dick Raymond, USDA Undersecretary for Food Safety. Most of the beef was sent to distribution centers in bulk packages. The USDA said it will work with distributors to determine how much meat remains. Federal regulations call for keeping downed cattle out of the food supply because they may pose a higher risk of contamination from E. coli, Salmonella, or mad cow disease because they typically wallow in feces and their immune systems are often weak. About 150 school districts around the nation have stopped using ground beef from Hallmark Meat Packing Co., which is associated with Westland. Two fast-food chains, Jack-In-the-Box and In-N-Out, said they would not use beef from Westland/Hallmark. Other chains such as McDonald's and Burger King said they do not buy beef from Westland. Upon learning about the recall, some legislators criticized the USDA, saying the federal agency should conduct more thorough inspections to ensure tainted beef doesn't get to the public. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**CHOLERA (Mozambique):** 20 Feb 2008, Eight of Mozambique's 11 administrative provinces, including the city of Maputo, have been hit by a cholera epidemic which has claimed 50 lives, state media reported on Feb 20. Health minister Ivo Garrido was quoted by the daily Noticias as saying that the spread of the disease worried health authorities. Currently the provinces of Maputo, Maputo city, Manica, Sofala, Tete, Cabo Delgado, Gaza and Zambezia have registered cases of the highly contagious disease. Only the provinces of Inhambane, Niassa and Nampula have not recorded any cases of cholera. Health authorities attributed the spreading of the disease to poor hygiene practices and the flooding in the central provinces. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (Uganda):** 21 Feb 2008, Arua District in Uganda has registered 23 cases of cholera since the disease broke out last week. The District Health Officer, Dr. Patrick Anguzu, told Daily Monitor that 1 person had died. He said the disease has spread to Oli Division where 16 cases have been reported. According to the latest statistics, 7 cases have been reported within the municipality. Dr. Anguzu attributed the outbreak to communities using unclean water drawn especially from River Enyau. "The number of latrines and water supply are insufficient. People are easing themselves around the water points, while others fetch from them," he said. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**EBOLA HEMORRHAGIC FEVER (Uganda):** 21 Feb 2008, The Ministry of Health, Uganda has declared on Feb 20 the end of the Ebola epidemic in Bundibugyo. The last person to be infected by the virus was discharged on Jan 8. This is more than double the maximum incubation period (42 days) for Ebola. A national task force coordinated the response to this outbreak, comprising MoH, WHO and other international partners in the field. International technical and operational coordination was supported through the Global Outbreak Alert and Response Network (GOARN), and networks of regional experts and technical institutions. Laboratory analysis undertaken at CDC has confirmed that the virus outbreak is different from the 3 African Ebola species (namely Zaire, Sudan, and Ivory Coast species) and should be considered as a new species of Ebola virus. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (Democratic Republic of the Congo):** 22 Feb 2008, The DRC's Katanga Province continues to be affected by a cholera epidemic that started in mid-December 2007. To date, about 19 health zones out of 67 are affected. Health Ministry and WHO reports show that the epidemic is extending in many big cities of the province. 110 deaths are reported

out of more than 4000 cases registered in Lubumbashi, Haut Lomami, Likasi, Tanganyika, and Haut Katanga. According to the WHO, the DRC (especially in the East) is one of the 5 countries in the world where serious cholera epidemics have periodically occurred (1981, 2002-2003, 2004, 2006, 2007-2008) in Katanga, South Kivu and Eastern Kasai. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHOLERA (Kenya):** 23 Feb 2008, Five more people have died from cholera at various health centers in Mandera District. This brings the death toll to 10 in 3 weeks. Already, more than 200 people have been admitted in hospitals with various complaints. Confirming the latest deaths, area Medical Officer of Health Dr. Bonface Musila said new cases of the outbreak were also reported at Arabia Secondary School. He said 20 students were among 40 new cases of the contagious disease at the Arabia division some 65km from Mandera town. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**HANTAVIRUS (Brazil):** 23 Feb 2008, On Feb 19, a technician with Epidemiological Surveillance will be in the Municipality of Campos de Julio, where 3 suspected cases of hantavirus infection were reported in 2008. One of those cases was fatal, and the other 2 patients are in hospital in Cuiaba. The technician will carry out investigations of the cases in the city and deliver information to health professionals and rural farmers about hantavirus diseases. In the beginning of 2008 in Marcelandia 3 asymptomatic hantavirus infections were reported, with no development of disease, and are being monitored. A serological survey of people in the municipality is being carried out. Mato Grosso ended 2007 with 25 confirmed cases of hantavirus infection. Of this number, 16 cases recovered, bringing the percentage of recuperation to 64 percent, and 9 were fatal, with a fatality rate of 36 percent, which is below the national average of 38 percent. The Epidemiological Surveillance technician in the area of hantaviruses reported preliminary results of research. He cited the discovery of 2 hantaviruses circulating in Mato Grosso: Laguna Negra, which has the Calomys callosus rodent host, and Castllo dos Sonhos which had previously been found in Para, but without a known host. The research found that, in Mato Grosso, the rodent Oligoryzomys moojeni was the host of the Castllo dos Sonhos virus. The state of Mato Grosso occupies a place of prominence on the national scene, as it is in fourth place in the ranking of states with highest occurrence of hantavirus infections. Among the highest are Parana, Minas Gerais, Sao Paulo, Santa Catarina and Rio Grande do Sul. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

#### **CDC says flu is widespread in 49 states**

According to the CDC, influenza activity was widespread in 49 US states by the end of last week. This report discusses seasonal influenza activity across the United States this year, including physicians' impressions from across the country and laboratory analyses regarding antiviral resistance patterns.

(<http://www.cidrap.umn.edu/cidrap/content/influenza/general/news/feb2208flu-br.html>)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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